

Rabies Surveillance Communication QI Project

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Putnam County Health Department
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15 (full-time and part-time) staff
Population Served: 35,000



Step 1 Plan

getting started

In 2016, three individuals came to the PCHD for tetanus vaccinations due to an animal bite, as suggested by their physician. It was at this time, that the PCHD became aware that not all physician offices were reporting animal bites to the PCHD, as required by law. Additionally, there was one case in which the veterinarian euthanized an animal under quarantine without testing the animal for rabies, as required by law. A QI team, including members from Environmental Health and Nursing gathered to begin working on a plan to educate required reporters and veterinarians.

problem

There were some required reporters that were not reporting animal bites to the PCHD as required. There were also some veterinarians that were not following the proper protocol for quarantine release. It is important that physicians' offices, veterinarians and PCHD communicate to ensure that any potential risk to the public is minimized and that all laws are being followed. As the QI project progressed, it was also determined that there was not a standard guideline that explained the appropriate times to send victim contact letters to the victim and quarantine letters to the animal owner. In general, there was a lack of consistent communication with both parties from PCHD.

AIM statement

Open the communication pathway with required reporters of animal bites to the PCHD by providing up-to-date forms to all reporters. Furthermore, guidelines need to be created to assist EH staff on the appropriate times in which letters should be sent to the victim and animal owner throughout the process.

examine current approach

The QI team for this project met to brainstorm and utilize the fishbone diagram to address issues with the rabies surveillance program and how animal bites are currently being reported to the PCHD. The fishbone diagram is attached. The following were areas discussed during the meeting:

- Is the animal bite reporting form not clear?
- Do the physicians' offices know that they are responsible for reporting such incidents?
- Do they know where to send the information?
- Are they educating the patient on reporting requirements?
- EH Clerk had concerns about information being sent out on a consistent timeline
- Should PCHD notify the animal owner of the release from quarantine?
- Should PCHD be following up with the victim to let them know that the animal has a valid rabies vaccine that that it has been released from quarantine?
- If the animal is tested for rabies, what follow-up information should be provided to the victim?

As the discussion and brainstorming continued through various meetings, the team realized that although better communication with the required reporters is necessary, the majority of the concerns and communication issues arise by not having a procedure to follow for follow-up documentation to the victim and the animal owner after the animal bite report is received by PCHD. The team recognized that the best that can be done with the required reporters is to educate them on the requirements and monitoring if they follow through.

potential solution

Information, along with a new animal bite report form should be developed and provided to all required reporters for comment. Additionally, a procedure is needed to provide the appropriate timeframes for follow-up to the victim and the animal owner. The procedure must include what information will be sent to the victim and the animal owner and the appropriate timeframe to send the documentation.

Step 2 Do

The QI Team met three times beginning on July 21, 2017 to discuss deficient areas in the rabies surveillance program. It was discussed that although reporting is an issue, there are concerns that information is not being sent out on a consistent timeframe, and sometimes no follow-up is sent to the victim. An informational letter, along with the proposed Animal

Bite Report form, was sent to the required reporters asking for feedback on the Animal Bite Report form, and if there were any questions to contact PCHD. At the same time, a procedure was created for EH staff to follow when an Animal Bite Report form is received. The QI Team met following the response of one required reporter, with no recommendations for changes to the documents. The Animal Bite Report form was reviewed for a final time and Animal Bite Procedure was developed. The effective date of the new Animal Bite Report form and the procedure was January 1, 2018.

Step 3 Study

A follow-up meeting with the EH Clerk handling all Rabies Surveillance documentation determined that the new procedure with timeframes to provide to the victim and animal owner is working great. To our knowledge no one in 2018 has come in asking for a tetanus vaccine related to an animal bite not previously reported.

Step 4 Act

Although, the new process has only been in effect for five months, the process seems to be running smooth, with no issues. As noted above, no individuals have self-reported after visiting a physician's office. The key to the improvement in the program began with providing information to the required reporters and developing a procedure of consistent application.